Exhibit P

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
----------X
TINA BRADWAY, Individually and as Administratrix of the Estate of TONY BRADWAY,

Plaintiff,

-against-

Civil Action No. 09-CV-3177 (JFB)(MLO)

THE TOWN OF SOUTHAMPTON, LINDA A. KABOT, OFFICER JAMES KIERNAN, OFFICER ERIC SICKLES, OFFICER VINCENT CAGNO, OFFICER STEVE FRANKENBACH, OFFICER DAVID PETERS, OFFICER WILLIAM KIERNAN and OFFICER MONTALBANO,

Defendants.

----------X

April 13, 2011

10:34 a.m.

1425 RXR Plaza

Uniondale, New York

DEPOSITION of CHARLES WETLI, M.D., the Expert Witness herein, testifying on behalf of the Defendants, taken by the Plaintiff, pursuant to Federal Rules of Civil Procedure, and Notice, held at the above-mentioned time and place, before Lori Anne Curtis, a Notary Public of the State of New York.

A P P E A R A N C E S:

RUSKIN, MOSCOU & FALTISCHEK, INC.
Attorneys for Plaintiff
1425 RXR Plaza
Uniondale, New York 11556
BY: THOMAS TELESCA, ESQ.

DEVITT SPELLMAN BARRETT, LLP
Attorneys for Defendants
50 Route 111
Smithtown, New York 11787
BY: JELTE DEJONG, ESQ.

FEDERAL STIPULATIONS

IT IS HEREBY STIPULATED AND AGREED by and between the parties hereto, through their respective counsel, that the certification, sealing and filing of the within examination will be and the same are hereby waived;

IT IS FURTHER STIPULATED AND AGREED that all objections, except as to the form of the question, will be reserved to the time of the trial;

IT IS FURTHER STIPULATED AND AGREED that the within examination may be signed before any Notary Public with the same force and effect as if signed and sworn to before this Court.

C H A R L E S W E T L I, M. D., the Witness herein, having been first duly sworn by a Notary Public in and of the State of New York, was examined and testified as follows:

EXAMINATION BY

MR. TELESCA:

Q Would you please state your full name for the record.

A Dr. Charles Wetli.

Q What is your current address?

A 2 Berkey -- B-E-R-K-E-Y -- Place, Alpine, New Jersey 07620-3798.

MR. TELESCA: Good morning, Doctor. We met before informally. My name is Tom Telesca. I represent Tina Bradway individually and as the administratrix of the estate of her son, Tony Bradway.

We're here today to take your deposition as an expert witness. I assume you have been deposed before.

C. Wetli, M.D.

THE WITNESS: Correct.

MR. TELESCA: Okay. So, you understand the process, and what I'll try to do is be clear with my questions, but if there's something that you don't understand, please feel free to ask me to clarify the question, or if there's a term that I'm misusing or is not clear to you, I'd ask that you ask me to rephrase the question.

THE WITNESS: Correct, I understand.

MR. TELESCA: Also, I'd ask that you give me the opportunity to complete my question just as much as I'll give you the opportunity to complete your answer before the next question.

THE WITNESS: Sounds fair.

MR. TELESCA: If at any time you need to take a break, let me know, and we can accommodate

you.

Q How did you prepare for today's deposition, if at all?

A I reviewed my file.

Q And what is your file?

A It consists of a letter I wrote to Ms. DeJong on the 15th of November 2010, some typewritten notes I made on October 17, 2010, and the various materials that were supplied to me, including covering letters, police reports, medical records, autopsy and toxicology reports and a variety of depositions.

MR. TELESCA: Okay, can we mark this as W-1.

(Exhibit W-1, Opinion letter of Dr. Wetli with CV, consisting of multiple pages, was marked for identification, as of this date.)

Q Dr. Wetli, I'm going to show you what's been marked as Exhibit W-1 (handing). Can you tell me, do you recognize that document?

A (Witness peruses document.)

Yes, it is the letter -- the

opinion letter I wrote on November 15, 2010 and it's a copy of my CV, current as of the 4th of October 2010. The last page is my fee schedule, and in between is a list of court testimony from 2006 through mid-2010.

Q Okay.

And on the first page of the November 15, 2010 letter to Ms. DeJong, you list a number of items that were reviewed. Are these the items that comprise your file?

A Everything except an opinion letter by Dr. Blum. Apparently, I received that after the 15th.

Q Okay.

And then you also mentioned before that you also have some notes in your file?

A Yes.

Q Can I just take a minute to look through the file?

A Sure (handing).

Q (Counsel peruses file.)

Okay, I'd like to just go over some background information, first. Can you tell me, Dr. Wetli, who your current employer

is.

A Basically, I'm self-employed. I retired from being the chief medical examiner and director of forensic sciences for Suffolk County, New York in August of 2006, and since then I've been doing only consulting work.

Q What kind of consulting work do you do?

A Anything in the realm of forensic pathology. It's predominantly cases like this, wrongful death, medical practice, criminal, but basically working -- being retained by attorneys to give an opinion.

Q And you have been doing that since roughly August, September 2006?

A Full time. Prior to that, I did it part time as separate from my duties as a chief medical examiner, but really I started doing consulting work in 1995, but then in 2006 I was doing it full time.

Q And I noticed in your CV up until 1995, it seems as if you were living in Florida.

A That is correct.

Q And while you were in Florida you

weren't doing any of the kind of consulting work that you are doing now?

A Very rarely.

Q Does your current consulting business have a name?

A No. Sole proprietor.

Q And if you look at your -- what's been marked as W-1, which is the November 15, 2010 letter, is it fair for me to refer to that as your report in this matter?

A Sure.

Q After your report is your CV?

A Correct.

Q Does your CV accurately reflect your educational background?

A Yes, it does.

Q And you testified earlier this CV was prepared October 4, 2010?

A Correct -- it was updated on October 4, 2010.

Q That was the last update?

A No, the last update was I think in January of this year.

Q But at the time you supplied this

to Ms. DeJong it was before the most recent update.

A Correct.

Q Has anything in your educational background changed in the most recent update?

A No.

Q And the October 2010 CV that we have that's part of W-1, does that accurately reflect the certifications and licenses that you have?

A Correct.

Q Have there been any new ones since October 2010?

A No, there have been no changes as far as certification and licensures.

Q In your CV I notice that you are or were at some point licensed to, I guess, practice medicine in Florida, Missouri, New York and New Jersey.

A Correct. Right now I have medical licenses in New York and New Jersey. I allowed the one in Florida and Missouri to expire.

Q Have you ever had a medical license suspended or revoked?

A Never.

Q Have you ever been the subject of a disciplinary investigation, action or proceeding?

A Never.

Q During the course of your career as a doctor have you ever been affiliated with any hospitals?

A One.

Q What hospital was that?

A Cedars of Lebanon Hospital, Miami, Florida.

Q Can you tell me the name again?

A Cedars of Lebanon.

Q When did you become affiliated, or when did you get the privileges at that hospital?

A That was in September of 1976.

Q When did that end?

A September of 1977.

Q So it was for one year.

A Correct.

Q And what was the reason why it ended?

A Because I did not like private practice and I decided to go into forensic pathology.

Q Okay, so there was never a time you lost your privileges at any hospital for which you were affiliated.

A No, never. Also, I don't know if you call it a hospital affiliation, but when I was, for three years, in the United States Army, as only the United States Army would do during that time, they had me covering the emergency room at a local hospital.

Q Where was that?

A Japan.

Q So for the three years you were in Japan?

A Yes. I was mostly working as a pathologist, but they had me on call for emergency room work.

Q Does your October 2010 CV accurately reflect your memberships in professional organizations?

A Yes.

Q Has that been updated since

October 2010?

A No, memberships have remained the same since then.

Q I'd like to just go through your employment history.

Is your employment the same thing as what you term "appointments" in your CV?

A Basically, yes.

Q Okay.

So you finished medical school in the spring or early summer of 1969?

A Correct.

Q And then you were in the Army at that time?

A No. After medical school, I did my internship and residency at the University of Miami School of Medicine and worked very briefly for the Dade County Medical Service before going into the United States Army in September of 1973.

After that, I did one year of private practice at Cedars of Lebanon Hospital, and then joined the Dade County Medical Examiner's Office full time in September of

1977.

Q And then at some point you became the deputy chief medical examiner in Dade County?

A That's correct. I believe that was 1980.

Q And that was until January of 1995?

A Correct. Also, during my tenure in Dade County, Florida I was clinical associate professor of pathology at the Miami School of Medicine.

Q And in February of 1995 you moved up to either New York or New Jersey -- I guess, it was New York; is that correct?

A Both.

Q Okay.

A Actually -- it's kind of complicated. Actually, I moved to New Jersey, and worked in Long Island --

Q Okay.

A -- for all practical purposes; although, I did have an address in Long Island, but I did not live there.

Q Was there any specific reason why you left your position in Dade County to come to work on Long Island for Suffolk County?

A I had the opportunity to become chief medical examiner in forensic sciences.

Q Is that a position that you applied for?

A Yes.

Q How did you find out about that position?

A Because the current chief medical examiner, who was a former resident of mine in Dade County, was leaving that position, and I heard it had become open, so I applied.

Q And then also at or about that time did you also teach at SUNY Stony Brook?

A Correct. I was clinical professor of pathology at the State University of New York at Stony Brook.

Q Dr. Wetli, your October 2010 CV, does it list all the presentations you have given in the last ten years?

A No, not at all.

Q So are there some additional ones

that were prior to October 2010?

A Oh, yes.

Q Did any of those presentations have subject matter related to a quote/unquote "body packer"?

A Yes.

Q Do you know how many?

A I have no idea. The only -- if I may clarify, the only presentations listed in my CV are those that have been peer reviewed. Other presentations would be, for example, to police academies, high school students, rotary clubs, et cetera, et cetera, and over the years, these were numerous.

But those are all more or less pretty much informal presentations, not formal peer-reviewed presentations, which is what is listed in my CV.

Q And then the ones listed on your CV that were peer reviewed -- can you tell me what does that mean, "peer reviewed"?

A Basically, if you are going to make a presentation at a national meeting, you must first submit an abstract. This is reviewed

by other forensic pathologists who then make a decision as to whether or not it is acceptable, scientifically sound. And then they further decide whether it will be a platform presentation -- that is, an actual talk and slide show -- versus a poster presentations.

Q And is a poster presentation exactly what it -- a poster literally gets put up?

A Exactly. You might have, for example, a poster that covers your entire wall here (indicating). It will be in the format of paper illustrations, summaries, abstracts, and so forth, discussion.

Q I see on Page 8 of the CV, Number 7, there's a presentation entitled "The Body Packer Syndrome," and it looks like it was before the American Academy of Forensic Science in February 1981.

A Correct.

Q Do you recall the specific subject matter of that presentations?

A That was it, the body packer syndrome.

Q Was there any specific area of the body packer syndrome that you covered, or was it a general presentation, if you can recall?

A Yeah, it was actually -- this was subsequently published in that same journal as a peer-reviewed article and it basically described the body packer syndrome with the toxicology levels of cocaine and so forth.

Q So this body packer syndrome presentation was specifically related to cocaine, or drugs in general?

A Well, the only ones we saw in Miami in those days was cocaine. Subsequently, we've seen heroin, too.

Q And for the record, can you explain to us what "the body packer syndrome" is?

A A "body packer" is basically a person who swallows packages of drugs, usually in -- well, in those days, from South America, usually Columbia. They would swallow them, board an airplane headed for Miami, and then they would go to a hotel room, pass these condoms or other packets, and retrieve the

drugs. However, when they broke open, they killed the person, and that's when the medical examiner got involved, and that was what we were describing in the fatalities.

Q Is there any limit or approximate amount of cocaine that would be carried in the normal body packet?

A In those days, we were generally talking just under a kilogram altogether.

Q How many grams is that?

A A thousand. Others -- since then, up to one-and-a-half kilos or more have been reported.

Q So one kilogram is a thousand grams, which is how many milligrams, a hundred thousand?

A Yes.

Q And in that presentation, if you can recall, did you present any conclusions in terms of the amount of time it would take from the leaking of the packet, or the breakage of the packet to the time of death?

A That was pretty hard to really come up with. We would see -- from other things

we knew about cocaine, people swallowing cocaine and so forth, symptoms would usually begin 20 to 30 minutes after the drug would become absorbed. Sometimes, if the packet completely broke open, then within a half hour the person is having seizures and is dead. If it was a very slow leak, then symptoms can actually go on for some period of time before they would actually die.

Q And what would be some of the first symptoms that you would see in the case of a slow leak?

A You would see a person who could become very agitated, they could become psychotic, high body temperatures. Those would be some of the symptoms. Sometimes they became incredibly constipated and they were saddled with distended abdomens, because of swollen intestines. There could be a variety of things that happen to them.

Q And does your CV also list all governmental testimony and symposia that you have presented in the last ten years?

A Yes.

Q Now, would those also be peer

reviewed?

A No, they would be invited. For example, the President's Commission on Organized Crime, governor's councils, certain Grand Jury presentations. These are organizations, governmental organizations, that are requesting knowledge of a particular topic, such as cocaine toxicity, Quaaludes, that type of thing, which I participated in.

Q On Page 12 of your CV under Number 11, you gave -- I don't know if it was testimony or a presentation to the National Institute on Drug Abuse in Bethesda, Maryland on July 9th through 10, 1991 entitled "Acute Cocaine Intoxication: Current Methods of Treatment."

Do you see that?

A Yes.

Q Was that testimony or some sort of presentation? How would you describe that?

A That was mostly a presentation to the National Institute of Drug Abuse, and it was subsequently published under monograph. It's listed NIH Publication 93-3498.

Q And when you say "acute cocaine intoxication," what does that mean, "acute"?

A Basically a surge of cocaine in the blood, and it can cause a variety of things to happen to a person. It can cause seizures and sudden death; it can cause psychotic reactions, which can lead to sudden death; it can cause vascular problems, such as hypertensive crisis, aortic dissections and ruptured aneurysms, which can lead to immediate death; and it can also lead to heart attack, which can also kill you quickly.

Q And the presentation, obviously, according to its title, involved, at that time, current methods of treatment?

A Correct.

Q And at that time, what were, if any, the methods of treatment for acute cocaine intoxication?

A Basically the same as they are today; treat the symptoms, whatever they may be.

Q What does that mean, "treat the symptoms"?

A Well, if a person comes in with

110 fever, you try to cool them down; if they are psychotic, you try to tranquilize them. There are certain drugs you can or cannot use if it's cocaine toxicity.

If a person is having seizures, you would administer intravenous diazepam and/or dilantin or other drugs to calm down the seizure activity and so forth. That's all you can do.

Q So there's no antidote for cocaine?

A No, unlike narcotics, there is no antidote for cocaine.

Q If someone presents in the emergency room who has ingested a certain amount of cocaine, is there anything that you can do to rid the body of the cocaine?

A Not effectively. If it's a body packer, it requires surgery, generally. If they are showing signs of cocaine toxicity, you must operate immediately, because there's obviously a package that's broken open or leaking. The only chance of survival is to remove all the cocaine from the entire gastrointestinal tract.

If there are no symptoms, you can

simply give them laxatives and follow up by X-ray as they excrete them, but once they start having symptoms, then you would have to get rid of the cocaine.

I don't know if activated charcoal is effective with cocaine or not, otherwise you would have to get it out of the stomach or wherever the cocaine happened to be.

If it's a mini-packer and they simply swallowed cocaine without the package, then gastric lavage would be the only way to get it out.

Q And what is that, a "gastric lavage"?

A Washing the stomach. Basically, you put down a tube through the nose into the stomach and flush with saline and draw out as much as you can.

Q So then there are -- I'm just trying to understand and condense what you said. You can surgically remove a packet?

A If you can identify the packet, if you can see the packet, yes, but otherwise, you are going to be doing exploratory laparotomy and

going through the entire bowel to see if you can find a packet.

Q And "laparotomy" is an operation of the stomach?

A Well, opening up the abdomen and inspecting everything that's in there.

Q Okay.

A But if there's no packet, then there's not much you can do.

Q Well, if you can't find the packet but the cocaine is in the stomach, you can try to flush it out through some sort of tube?

A You could try, yes. I've never seen that successfully done, but you can try.

Q Have you ever treated a person who has ingested cocaine in an emergency room situation?

A I'm not a treating physician.

Q In your October 2010 CV does it list all of your publications in the last ten years?

A Yes, yes.

Q Have there been any since October 2010?

A No, there have not.

Q Do you know, as you sit here today, what portion of your CV has been updated since October 2010?

A Only some activities with the National Association of Medical Examiners.

Q Did any of those activities have to do with the body packers?

A No.

Q If you look at Page 14 of your CV, Number 15, there is a publication entitled "The Body Packer Syndrome: Toxicity Following Ingestion of Illicit Drugs Packaged For Transportation," and that's in the Journal of Forensic Science in 1981.

A Correct. That was the formal article following the presentation that was given at the academy.

Q Okay.

And so the topic of the article and the topic of the presentation were the same?

A Exactly. The platform presentation was a preview for the article.

Q And then Number 17 on that same

page, also from 1981, is a publication entitled "Cocaine Intoxication: Delirium and Death in a Body Packer."

Can you tell me what the subject matter on that article was?

A Sure. That was a case report based on an individual who was a body packer, a cocaine body packer, from Columbia, South America, and he had passed all of the packets of cocaine except for one which became, shall we say, stuck in the right side of his colon, and lingered there, as I recall, for approximately a week and deteriorated, and the cocaine release caused him to become psychotic, violent and die suddenly.

It's a syndrome which my coauthor, Dr. Fishbein, identified as "excited delirium" due to cocaine.

Q Was that a new term of art at that time, excited delirium?

A It was the first I had heard it. He's the one who introduced me to the term.

Q Is he the one that coined the term?

A No.

Q Now, earlier you testified that the body packers could be carrying as much as one kilogram of cocaine.

A Correct.

Q Now, would that be in one or more than one package, or it depended?

A Oh, not one package, no. Numerous packages, a hundred, hundred-thirty.

Q And how big would these separate packages be?

A Each package would hold about 10 to 15 grams of cocaine.

Q And how big would that package be in terms of size, if you could tell me?

A Oh, generally, they are about an inch long and a half-inch diameter, approximately. Very large pills to swallow.

Q Now, the publications that you have listed in your CV, were they all peer reviewed?

A Yes.

Q Did you receive any comments on the two that we discussed related to body

packing?

A I don't believe so. That was a long time ago. I don't recall. I don't believe so.

Q Now, since the two publications in 1981, have you done any further formal research on the topic of body packing?

A Sure.

Q And when was the most recent time you performed research on body packing?

A That would have been probably around late 1990s when we published an article on heroin body packing.

Let me see if I can find it for you quickly.

(Witness perusing document.)

Here it is, Reference Number 88, 1997.

Q Are there significant distinctions between heroin body packing and cocaine body packing in terms of what kind of treatment can be administered if there's a leak?

A Oh, yes.

Q What is the distinction?

A Well, heroin is a narcotic, and therefore would be amenable to treatment with Narcan -- N-A-R-C-A-N -- which is a direct antagonist. So if you would inject Narcan into a person having an opiate overdose, it will counteract it. It's basically an antidote, which would be life-saving. But heroin body packers never make it to the emergency room.

Q Why is that?

A Because the heroin is too valuable. They allow the person to die, then they cut them open and remove the heroin themselves. That's one of the big differences between heroin and cocaine body packing.

Q I'd like now to turn to the cases that you have listed at the end of your CV --

A For the record, that's not part of my CV. It's a separate document, but I don't consider that as part of my CV.

Q Sure.

Okay, so it begins after the last page of your CV that is Page 32.

A Right.

Q Okay.

Now, does your -- I'll call it your case list; is that fair?

A Well, it's a list of testimony, anyway.

Q Okay.

Your list of testimony, does it include all cases where you testified at trial or by deposition in the last four years?

A If I was put under oath, it's listed; court marshals, inquests, whatever.

Q Okay.

Do any of the cases in the last four years -- are they specifically related to a body packer?

A I don't recall body packer. What we call mini-packer people -- a body packer is somebody smuggling the drug in from another country -- were other cases I've had. I don't recall if I actually testified or not. They are people who are being arrested by police and swallow the cocaine to avoid the detection of the drug, and they subsequently die due to the toxicity. I've had a number of those cases. As to whether I've testified or not, I don't

recall.

Q Okay, I want to make sure I understand the distinction between a body packer and a mini-packer.

With a mini-packer, does that mean that the cocaine that was ingested was contained within a bag?

A Could be.

Q But it's not necessary?

A Correct.

Q Okay.

So there are cases where you used the phrase "mini-packer" where a person may have just ingested cocaine itself?

A Correct. It could be in the form of a powder or it could be crack cocaine or it could be cocaine in packets that were -- where the person had an intent to sell the packets or purchased the packets, either one, but they had the packets of cocaine, and so in order to avoid police detection they swallowed the packets of whatever they had.

Q In your review of the records in this case, did Mr. Bradway swallow the cocaine

itself or within a package?

A As far as we can tell, he probably did both. As I recall -- as I understand the sequence of events, when he was at the point -- when the police were at the scene, at the home, he spit out a package as well as separately a white substance. After he died and the autopsy was done, they looked for a packet, the remnants of a packet, and couldn't find one.

Q What does that signify to you?

A That unless he had a bowel movement at some time after he was in the hospital, that he swallowed -- it's hard to reconcile. He would have to -- most likely, I think the packet was missed. It was just not found, because it's a very -- when you have a lot of cocaine present, as he did, it kills very quickly, and so I'd be surprised that there is no cocaine packet.

Q So it is your testimony that you think one possibility is that the medical examiner missed the packet?

A Or whoever is looking through the intestinal contents, yes, or that he passed it

somewhere in the hospital. He was in the hospital, I think, altogether for about seven hours or something, so I don't know.

Q In the list of testimony that's part of Exhibit W-1, are there any cases in which you gave testimony involving an allegation that there was a failure to get medical attention related to a cocaine overdose?

A I don't recall that I testified to that. I know I've had cases where that allegation was made, but whether I testified subsequently at trial, I don't recall.

Q Do you recall the most recent case where that allegation was made?

A No.

Q Do you recall in the last four years how many cases you have been involved with in which the allegation of -- there was an allegation that there was a failure to obtain medical attention after someone ingested cocaine?

A I couldn't tell you. I don't keep records of that.

Q Okay.

C. Wetli, M.D.

Do you recall any of the conclusions that you reached in cases in which you have been involved where there was an allegation that a party failed to get someone medical attention after they ingested cocaine?

THE WITNESS: I'm sorry, could you repeat the question.

(The requested portion of the record was read by the court reporter.)

A Generally the conclusions I reached is that had they gotten them medical attention, the outcome would not have changed because there is no antidote for cocaine. Once the symptoms begin, you can't treat them, especially a true overdose.

Q How would you define an "overdose"?

A An overdose of cocaine is generally marked by the presence of grand-mal seizures, and if it's a nonfatal overdose, the seizures are very limited and transient and over with by the time the person gets to the emergency room. If it's a fatal overdose, the

seizure is usually the terminal event. They die in the police station.

Q So if someone ingested some amount of cocaine, you testified earlier, that it is possible -- although there's no antidote for the cocaine, there is potential treatment in that you can try to remove the cocaine from the stomach, for example?

A If you can see a drug packet there, otherwise you would have to presumably try and lavage the drug out of the stomach. I guess you could theoretically go in, operate and empty the stomach that way. Of course, I've never heard of that being done.

Q And you are not familiar or aware of the success of using charcoal?

A I have no idea of charcoal ever working.

Q And exactly how would the charcoal -- it would be administered by the mouth?

A I'm not really sure. I think it's generally administered by a nasogastric tube, basically injected into the nasogastric tube so

it goes through the gastrointestinal tract and finds drugs. With a very highly water-soluble drug like cocaine, I don't know if it would be effective. I just don't know. You would have to ask a clinician that.

Q Do you recall when you were retained by Ms. DeJong's firm for this matter?

A I believe it was late summer or early fall of 2010.

Q And by whom were you retained?

A By Ms. DeJong.

Q By her firm?

A Correct. September 17th is when I received the initial materials -- well, the covering letter is dated September 17, 2010.

Q And before that date, you had some conversations with Ms. DeJong?

A Right, actually in August of 2010.

Q So it was at or about August of 2010 that you were retained?

A Basically it was inquirous to whether I would be willing to be retained in August, and then I was retained in September.

Q I understand.

And you are being compensated in accordance with the fee schedule that's the last page of W-1?

A Correct.

Q And what was it that -- let me take a step back.

Other than Ms. DeJong, did you speak with anybody else from her firm with regard to --

A No, not that I recall.

Q So your primary contact concerning this matter has been with Ms. DeJong?

A Correct.

Q And what did she ask you to do?

A Determine the cause of death and to see if the hour-and-a-half delay from the time he was arrested to the time he got to the hospital had any significant impact or affected the outcome of Mr. Bradway.

Q What conclusion did you reach?

A No, it did not.

Q Other than the items that are listed at the very beginning of your report, did you review any other data, information or

documents?

A No. As I said, the only thing I reviewed that's not listed in my report is the report of Dr. Blum, B-L-U-M.

Q And the information that you reviewed you received from Ms. DeJong; correct?

A Correct.

Q In forming your conclusion, did you review any literature?

A No.

Q Can you tell me, then, your conclusion is that the period of time between Mr. Bradway's arrest and the time at which he reached the hospital, that, I'll call it, "delay" didn't have any impact on the ability of his life to be saved?

A Correct.

Q Okay.

And what do you base that conclusion on?

A Basically the toxicology. He's got phenomenally high levels of cocaine in his system. He's got -- people who die with a psychotic reaction to cocaine generally have

about .8 milligrams per liter of cocaine in the blood. People who die with seizures from a true overdose of cocaine, the average is about 5 milligrams per liter. He's got 6.5.

He's got incredibly high levels in the brain. He's still has 2 grams remaining in his stomach. He's got very high levels of cocaine metabolite in his blood and about half that in the brain. He's also been in the hospital for a number of hours, so he's got incredibly high levels. He's been absorbing a lot of cocaine.

Q Can you determine at what point -- or did you determine at what point Mr. Bradway ingested the cocaine?

A All we know is what the police report said. They saw him chewing on something and they applied the Taser twice, forcing him to spit out what they thought was all that he had ingested, and he would have had to have ingested it all that the point.

Q Okay.

So, I just want to make sure I understand you correctly. Is it your testimony

that Mr. Bradway ingested all of the cocaine at one time?

MS. DEJONG: I'm objecting. I don't believe he testified to that. You are having him guess at this point.

A Right. All I can do is rely on the police reports. They said they saw him ingest it -- chewing something. They told him to spit it out. They Tasered him twice. To my knowledge, they never saw him ingest anything else after that incident. So if that's true, then he would have had to have ingested it all at one time.

Q So looking at your report, and just -- I guess in understanding the timeline, I think you would agree that he was arrested, at least according to the report, at 10:25 a.m. on the morning of June 8th.

A Correct.

Q And that the police observed him ingesting some amount of cocaine.

A Correct.

Q And nobody is disputing that he

ingested some amount of cocaine.

A Correct.

Q Now, in your report -- and I'm looking at the last paragraph on the second page, and I'm just going to read it into the record, the first couple of sentences.

It says: "In the case of Mr. Bradway, it was obvious that he had ingested some cocaine at the time of his arrest. However, if it were a lethal ingestion of cocaine at that time he would have had the sudden onset of seizures within a half an hour after ingestion."

So I guess I just want to be clear that we don't know at the time of his arrest whether he ingested the cocaine within or without some other kind of packet or package?

A Let me explain to you, if I can clarify.

Q Sure.

A People who are mini-packers, when they don't have a package of cocaine, they just have the powder, and they are about to be arrested by the police and they swallow that

powder to avoid detection, the usual story is they are arrested, taken to the police station, and about a half-hour after they are -- after that first encounter, about a half-hour or so, they suddenly go into seizures which are fatal. So it's about a half hour after the ingestion.

The only thing that makes sense here is he ingested some cocaine at that time, but he had to have ingested a packet of cocaine which later on broke and which was not discovered at the autopsy, because we know to get these lethal levels, these very high levels of cocaine and they induce seizures, it's generally about a half-hour after the drug has actually been ingested.

That's the only thing that makes any sense. Had he ingested all the cocaine at that time, and had it been absorbed within a half hour, he would have died in the police station. He would not have made it to the hospital.

Q Are there any factors which may delay the effect of cocaine?

A Not that I know of.

Q So your genetics or your ability to metabolize or your own tolerance for the drug --

A Not when it comes to overdoses such as we see here. There are some genetic differences in the way males and females handle cocaine, but generally in relationship to the excited delirium, not to the overdose.

Q So the 30-minute time period between -- is it ingestion and the seizure, is that 30 minutes the maximum amount of time?

A All I can say is it's approximately 30 minutes, because nobody is sitting there with a stopwatch, and ingestion, as I said, could be swallowed, sometimes it's due to vaginal installation of cocaine, same thing happens, about a half hour.

Q Is there a distinction between "ingestion" and "absorption"?

A Yes.

Q What is that distinction?

A Well, "ingestion" -- I can swallow the packet of cocaine, so I'm ingesting it, but it's not being absorbed until that packet

breaks. Then, it's being absorbed.

Q If you swallow a certain amount of cocaine outside of a packet, just the actual drug, how long does it take to begin to absorb into the stomach?

A Like all water-soluble drugs, they will start to be absorbed in 20 minutes. But cocaine, you can get variations in there because cocaine also constricts blood vessels. Very high concentrations can also dilate blood vessels and cause bleeding, so there's some variation there, but generally, it's about 20 minutes, like most water-soluble drugs.

Q And then it's 20 to 30 minutes from the time of absorption, if it's a lethal amount of cocaine, before you have the first seizure?

A From the time of ingestion.

Q Okay, that's what I'm trying to make sure of.

A Right. No, it's the time of ingestion.

Q So it would be approximately ten minutes, plus or -- obviously, like you said,

there's no stopwatch, but approximately ten minutes after the drug begins to absorb before the seizures would begin?

A Well, the drug is going to start getting absorbed right away, but it might be about 20 minutes before we can see detectable levels. When they take volunteers, for example, give them cocaine, they draw the blood at various time intervals. It's usually about 20 minutes before the blood levels start to rise rapidly.

And again -- and these data on time of absorption and so forth are based on volunteers who are given a limited amount of cocaine under a controlled laboratory environment. What I'm talking about are people who are known to have ingested the cocaine, and no blood levels are taken, but then they suddenly have a seizure and die. It's much more rapid, probably because they are taking a lot more cocaine.

Q Right.

Are there any factors that can slow the rate of absorption?

C. Wetli, M.D.

A Not that I'm aware of, no.

Q And is it true, though, that the rate of absorption in the stomach would be slower than, for example, if you put the cocaine in your nose or your mouth?

A No, it's pretty much the same. Again, you are going to be getting less cocaine in the nose or the mouth, because, first of all, using less cocaine and secondly, you are getting the vasoconstriction of the blood vessels. That doesn't necessarily happen in the stomach.

Q In the documents that you reviewed, is it your understanding that Mr. Bradway was Tasered by the police?

A Yeah, in drive-stun mode, that's correct.

Q Now, would the Taser have any impact on the absorption rate of the cocaine into Mr. Bradway's system?

A Not at all.

Q And you reviewed the hospital records; correct?

A Correct.

MR. TELESCA: Would you

C. Wetli, M.D.

mark this W-2, please.

(Exhibit W-2, Hospital records for Mr. Bradway, was marked for identification, as of this date.)

Q Dr. Wetli, I am going to show you what's been marked Exhibit 2. Do you recognize those records (handing)?

A (Witness peruses document.)

These appear to be the hospital records I reviewed concerning Mr. Bradway.

Q Now, it's your opinion that Mr. Bradway, at the time of his arrest, must have swallowed a packet of cocaine that was intact; correct?

A Correct.

Q And that at some point after his arrest, the package ruptured.

A Correct.

Q Okay.

And in your report on Page 3, in the last paragraph you wrote: "The packet began to leak and finally ruptured after he" -- Mr. Bradway -- "had already arrived at the

hospital."

A Correct.

Q What do you base that conclusion on?

A Because had he had it rupture at the time that he was arrested, then he would have died at the police station. He would not have made it to the hospital.

Q But it could have ruptured sometime between the time of his arrest and the time he arrived in the emergency room.

A It's possible it could have started leaking at that particular point, but it wouldn't have been a bursting with a sudden release of 5 grams of cocaine into him at that point.

Q So it's your conclusion that the packet didn't leak, it actually ruptured, or you don't know?

A There's no way to know for sure.

Q Okay.

So there's no way for you to know whether or not the package first started to leak and combined with the cocaine that Mr. Bradway

ingested outside of the packet?

A Correct.

Q And if you look at -- I tried to make this easier for us, the first flagged page --

A Correct.

Q -- which should be -- on the top it's "Report of Consultation by" the consultant is Rajesh -- R-A-J-E-S-H -- Patel, M.D.

A Right.

Q And if you look at that report, about midway down the history, it says: "Upon arrival to the emergency room, he" -- Mr. Bradway -- "was extremely agitated and Ativan 2 milligrams IN was given." Do you see that?

A Correct.

Q So the fact that Mr. Bradway upon arrival to the emergency room was extremely agitated, what does that signify to you?

A He's having some cocaine toxicity.

Q Okay.

Now, do we know whether that's related to the package leaking or being ruptured

or whether it may have been the cocaine that he ingested outside of the package?

A It could have been a combination of both. Shortly after that, about 15 minutes later, he starts having seizures. So it indicates it would be more likely that the package is beginning to rupture.

Q Okay.

And based on your review of the medical records, can you determine that 15 minutes, what that time period is measured from?

MS. DEJONG: Do you understand the question?

THE WITNESS: Yes.

A From the time they gave him the Ativan, apparently. That's the way I interpret the record, anyway.

Q Now, if you look at -- I believe it's the third tab --

A (Witness complies.)

Q -- which is the emergency room nursing record; is that correct?

A Yes.

C. Wetli, M.D.

MR. TELESCA: It looks like this page here (indicating).

MS. DEJONG: Yes, I have it.

Q So at the very top, it says that he arrived at 12:04 --

A Correct.

Q -- to the emergency room. And in the right column under "General Appearance," it records severe distress and that Mr. Bradway was agitated; correct?

A Correct.

Q So again, what does that signify to you?

A Well, in context of this case, that he's having cocaine toxicity.

Q And if you look at the next page, it lists medications on the left-hand side, and the first time that the Ativan appears to be administered was at 12:50; correct?

A Correct.

Q So then it would be -- according to the record of Dr. Patel, the first seizure occurred 15 minutes after the first

administration of the Ativan?

A Correct.

Q So that would have been about 1:05 p.m.?

A Correct.

Q Earlier in your testimony you stated that in a case where the hospital can determine that there actually is a packet in the stomach, it could be removed?

A If they could find it, yes.

Q And how would they find it?

A You would -- well, by X-ray, you would have to get a leakage of fluid into the package itself and then you would see what's -- it's called a double condom sign, you get air and fluid in there which would outline the packets; you could see it that way. Otherwise, you might not be able to see it.

With today's technology of MRIs and CTs, I don't know if they would pick it up or not.

Q So when you say you could see it, how would you be able to see it?

A On X-ray, an outline of the

packet. You don't see all of the packets, but you see some of them.

Q In Mr. Bradway's case, do you know whether or not the packet he swallowed could have been seen with an X-ray?

A I have no idea.

Q We don't know what kind of packet it was; correct?

A Exactly. And as far as I know, they did not take any abdominal X-rays; they just took chest X-rays.

MR. TELESCA: I have no further questions.

(Time noted: 11:42 a.m.)

A C K N O W L E D G M E N T

STATE OF NEW YORK )
:ss
COUNTY OF )

I, CHARLES WETLI, M.D., hereby certify that I have read the transcript of my testimony taken under oath in my deposition of April 13, 2011; that the transcript is a true and complete record of my testimony, and that the answers on the record as given by me are true and correct.

_____
CHARLES WETLI, M.D.

Signed and subscribed to before me this
_____ day of _____, 2011.

_____
Notary Public, State of New York

INDEX TO TESTIMONY



INDEX TO EXHIBITS

ERRATA SHEET FOR THE TRANSCRIPT OF:
Case Name: Bradway v. Town of Southampton, et al
Deposition Date: April 13, 2011
Deponent: Charles Wetli, M.D.
Place: 1425 RXR Plaza, Uniondale, New York

CORRECTIONS

| PG | LN | NOW READS | SHOULD READ | REASON FOR |
|---|---|---|---|---|
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |
| -- | -- | ---------- | ---------- | ---------- |

_____ _____
Date Signature

Subscribed and sworn to before me
this day of 2011.

_____
(NOTARY PUBLIC)

C E R T I F I C A T E

I, LORI ANNE CURTIS, a Notary Public in and for the State of New York, do hereby certify:

THAT the witness(es) whose testimony is hereinbefore set forth, was duly sworn by me; and

THAT the within transcript is a true record of the testimony given by said witness(es).

I further certify that I am not related, either by blood or marriage, to any of the parties in this action; and

THAT I am in no way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my hand this 23rd day of April, 2011.

Lori Anne Curtis

LORI ANNE CURTIS